



Classification

General Heliport ()
Utility Heliport ()
Helistop ()
RLA - Heliport ()
Hospital Heliport ()

Applicant

**Facility Name
(If different than applicant)**

(1) Name _____
Address _____
City/State/Zip _____
Phone _____

(2) **Owner of Land**

Name _____
Address _____
City/State/Zip _____

(3) **Legal Description** (Township, Range & 1/4 Section) _____

_____ in _____ County, Illinois

Latitude _____ Longitude _____ Elevation _____

(4) Distance & Direction from Nearest City/Town _____ Miles _____ Direction

(5) Local Zoning Body Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Local zoning approved? ☐ Yes ☐ No Explain _____

(6) Indicate proposed number and type of based aircraft _____

(7) **General features**

FATO _____ TLOF _____ Surface Type _____

(8) **Name and address of local general circulation newspaper for legal publications**

Name _____

Address _____

City/State/Zip _____

Fax # _____

(9) **Obstructions to be removed**

Type _____

Direction _____

Distance / Height _____

(10) Work to be done prior to issuance of certificate: _____

Certification: I hereby certify that the information herein is true and complete

Signature of Applicant Date

Return completed form to:

Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Capital Airport, Springfield, Illinois 62707-8415

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is **VOLUNTARY**; however, failure to comply may result in this form not being processed. This form has been approved by the State Forms Management Center.